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October 1, 2012

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Mail Code 4203M, ATTN: MSGP Reports
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

Subject: Annual Report, NPDES Permit Tracking No: **MAR05CY84**

Dear Sir or Madam:

In my September 27 transmittal I neglected to include the Facility Inspection Report prepared by our consultant, J. Claiborne Thornton III, P.E. of W. Z. Baumgartner and Associates. It is enclosed for your reference. I have confirmed with Baumgartner that they miss-numbered the pages and there is no page 10 of 10.

Sincerely,


Charles N. Faulstich
wTe Corporation

attachments



STORM WATER POLLUTION PREVENTION PLAN FACILITY INSPECTION REPORT

General Information	
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Facility Name	wTe		
Permit No.	MAR05CY84	Location	Greenfield, MA
Date of Inspection	08/09/12	Start/End Time	7:45a.m.-4:45p.m.
Inspector's Name / Signature	J. Claiborne Thornton, III 		
Inspector's Title/Qualifications	Vice President, W. Z. Baumgartner & Associates, Inc.		
Inspector's Contact Information	615-595-0025		
Facility Representative	Chris Pichette		

Type of Inspection: ☐ Quarterly ☒ Annual ☐ Benchmark Exceedance ☐ During storm ☐ Post-storm

Weather Information

Has there been a storm event since the last inspection? ☒ Yes ☐ No ☐ Unknown

Storm Date & Time: Storm Duration (hrs): Precipitation Amount (in): Qualifying Storm for Monitoring:
☐ Yes ☐ No ☐ Unknown

Weather at time of this inspection? ☐ Clear ☒ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
Temperature: _____
☐ Other Weather Condition: _____

Have any unusual discharges occurred since the last inspection? ☐ Yes ☒ No ☐ Unknown

If known, describe:

Are there any discharges at the time of inspection? ☒ Yes ☐ No

If yes, describe (and attach visual monitoring assessment form):

Inspection Summary

[illegible]

Exposed and Outdoor Scrap and Material Storage Areas			
<u>Materials Stored:</u>	<input checked="" type="checkbox"/> Shredded material	<input checked="" type="checkbox"/> Automobile stockpile	<input type="checkbox"/> Turnings
<input type="checkbox"/> Wire	<input checked="" type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Plate/structural steel	<input checked="" type="checkbox"/> Stainless steel
<input type="checkbox"/> Bale storage	<input checked="" type="checkbox"/> Electric motors	<input checked="" type="checkbox"/> Fines	<input type="checkbox"/> Bushling
<input type="checkbox"/> Motor Blocks	<input type="checkbox"/> Non-ferrous metals	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is there petroleum staining on the ground originating from material storage?		
If Yes, What is the source of the petroleum:			
Recommended Action:	<input checked="" type="checkbox"/> No action	<input type="checkbox"/> Sweep turnings area	<input type="checkbox"/> Absorbent material
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are any materials stored on concrete pads? <u>Yes</u>		
What is the condition of the storm water diversion in the materials storage area?			
<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Maintenance required _____	
What is the condition of best management practices for the storage area?			
<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Maintenance required: _____	
If not satisfactory, what is the primary BMPs to correct the problem? _____			
<u>Material storage description/comments/conditions:</u>			

Evaluation of Exposed / Outdoor Processing Areas and Processing Equipment			
Equipment Inspected:	<input checked="" type="checkbox"/> Shredder	<input type="checkbox"/> Baler	<input type="checkbox"/> Crusher
<input checked="" type="checkbox"/> Crane	<input checked="" type="checkbox"/> Loader	<input checked="" type="checkbox"/> Magnet	<input type="checkbox"/> Shear
<input type="checkbox"/> Fork Truck	<input type="checkbox"/> Eddy current	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is there petroleum staining on the ground originating from the processing equipment?		
If Yes, What is the source of the petroleum:			
Recommended Action:	<input checked="" type="checkbox"/> No action	<input type="checkbox"/> Remove/replace soil	<input type="checkbox"/> Absorbent material
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are there any leaking pipes, hoses, reservoirs, valves, or fittings?		
Description, if yes:			
Repairs Required:			
Are mobile equipment leaking fluids or in need of maintenance?			
<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Maintenance required: _____	
<u>Equipment and Processing comments/description/conditions:</u>			
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are spill kits located close enough to processing areas for quick and easy accesses?		
If No, person assigned to assemble spill kit:			
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are spill kits clearly marked and covered from precipitation?		
If No, person assigned to identify or cover spill kit:			
Spill kit inventory:	<input checked="" type="checkbox"/> Granular material	<input checked="" type="checkbox"/> Absorbent pads	<input checked="" type="checkbox"/> Absorbent boom
<input checked="" type="checkbox"/> Shovel	<input type="checkbox"/> Rake	<input type="checkbox"/> Drum	<input type="checkbox"/> Other: _____

Evaluation of Refueling Areas, Bulk Product Storage, and Other Storage Tanks

<u>Products Stored:</u>	<input checked="" type="checkbox"/> Diesel	<input checked="" type="checkbox"/> Gear oil/grease	<input type="checkbox"/> Used oil
<u>Product Volume:</u>	_____ GAL	_____ GAL	_____ GAL
<u>Products Stored:</u>	<input checked="" type="checkbox"/> Hydraulic fluid	<input checked="" type="checkbox"/> Motor oil	<input type="checkbox"/> Other: _____
<u>Product Volume:</u>	_____ GAL	_____ GAL	_____ GAL
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is there petroleum staining on the ground originating from the storage tank areas?		
If Yes, Location(s):			
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is there a source equipment/hose malfunction?		
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is source due to refueling of vehicles? (Slight)		
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is source due to contract supplier?		
Other source of product:			
Recommended Action:	<input checked="" type="checkbox"/> No action	<input type="checkbox"/> Remove/replace soil	<input type="checkbox"/> Absorbent material
Repairs or corrective action required:	Continue to review soils for future replacement		
Clean up assigned to:			
If removed, final depository of soil:			
Absorbent material with petroleum material deposited:			
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Does tank need painting?		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are valves, pipes, or hoses in need of repair?		
If Yes, describe and person responsible for repair:			

Maintenance of Structural Controls / Control Measures

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are any ditches or non-paved areas in need of repair due to erosion?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are any drainage pathways obstructed?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Does sediment need to be removed from any controls?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are any components of the drainage controls in need of repair?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Do drainage pathways need to be restabilized?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Do concrete pads, roofs, or containment structures require repair?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Does the O/W Separator, Storm Filter, or other device need servicing?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are the structural controls ineffective at preventing pollution?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are berms, barriers, or other controls in need of repair?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are new or improved structural controls required?

Repairs recommended:

Items have been removed from the natural drainage way. Those items had fallen into the ditch. Some items remain and need to be removed.

Structural Control Comments:

Outfall Inspection	
Outfall ID:	001
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is there petroleum staining on the ground?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Are there prohibited non-storm water discharges?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is standing water present downgradient of the outfall?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	If Yes, Is there sheen on the water surface?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is the water discolored?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is foam visible on the water surface?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is there evidence of pollutants leaving the site?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is there significant downstream erosion due to site storm water runoff?
<u>List other signs of contamination:</u> There is an orange color in the water when it exits the pipe. This is not present down stream before the water enters the river.	
Outfall ID:	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is there petroleum staining on the ground originating from the maintenance area?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are there prohibited non-storm water discharges?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is standing water present downgradient of the outfall?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	If Yes, Is there sheen on the water surface?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is the water discolored?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is foam visible on the water surface?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is there evidence of pollutants leaving the site?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is there significant downstream erosion due to site storm water runoff?
<u>List other signs of contamination:</u>	

Good Housekeeping Checklist and Evaluation

Site Area:	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are areas kept in a neat and orderly condition with adequate space in the work areas?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Is there evidence of drips or leaks from equipment or machinery onsite?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are storage tanks inspected regularly?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are interior building walkways and passageways easily accessible, safe, and free of protruding objects, materials or equipment?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are spill control and cleanup procedures used?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are the manufacturers' maintenance procedures and schedules followed for equipment?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are appropriate material handling practices in place?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is good housekeeping included in the employee training/orientation program?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are good housekeeping procedures and reminders posted in appropriate locations around the workplace?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are material inventories maintained and tracked?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are there regular housekeeping inspections?

Good Housekeeping Conditions / Comments:

The o/w separator and silt collection systems are regularly inspected and serviced.